

FORM LM-30

LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

This report is mandatory under P.L. 86-257 as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C. 439 or 440.



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT

1 File Number U 8426	2 Fiscal Year Covered From 01 / 01 / 2005 Through 12 / 31 / 2005
3 Name and address of person filing Name HELEN LASKY P.O. Box Bldg Room No. if any Street 6112 PARKIS MILLS ROAD City GALWAY State NY ZIP Code + 4 12074	4 Name, file number and address of labor organization Name INDUSTRIAL PRODUCTION EMPLOYEES UNION Local 12 Labor Organization File Number 060-280 P.O. Box Building and Room Number if any Street 148-06 Hillside Avenue City Jamaica State NY ZIP Code + 4 11435
5 Position in labor organization President	

Enter appropriate data below if during the past fiscal year you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions)

A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent

6 Name and address of Employer (including trade name if any) Name Trade Name if any P.O. Box Bldg Room No. if any Street City State ZIP Code + 4	7 a Nature of Interest, Transaction or Income 7 b Amount
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Signature

15 Signature and verification. The undersigned declares under penalty of Perjury and other applicable penalties of the law that all of the information submitted in this report (including the information contained in any accompanying documents) has been examined by the signatory and is to the best of the undersigned's knowledge and belief true, correct, and complete. (See the section on penalties in the instructions)

Signed

Helen Lasky

On

4/12/06
Date

Telephone Number

Name of Person Filing HELEN LASKY	File Number U
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B Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from selling or leasing to or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent or (2) any part of which consists of buying from or selling or leasing directly or indirectly to or otherwise dealing with your labor organization or with a trust in which your labor organization is interested

8 Name and address of Business (including trade name if any)

Name **HELEN LASKY**
 Trade Name if any _____
 P O Box Bldg Room No if any _____
 Street **6112 PARKIS Mills Road**
 City **GALWAY**
 State **N.Y.** ZIP Code + 4 **12074**

9 Business deals with

- ☐ a Labor Organization
☒ b Trust
☐ c Employer

10 If 9 b or 9 c is checked give trust or employer's name

Name **NO. 1 TV INSURANCE TRUST FUND**
 Trade Name if any _____
 P O Box Bldg Room No if any _____
 Street **148-06 HILLSIDE Avenue**
 City **JAMAICA**
 State **NY** ZIP Code + 4 **11435**

11 a Nature of such dealing

**Employed as supervisor
 of member benefit
 services**

11 b Approximate dollar value of such dealing

26662

12 a Nature of interest held or income received

SALARY AND BENEFITS

12 b Amount

26662

C Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value

13 a Name and address of Employer or Labor Relations Consultant (including trade name if any)

Name _____
 Trade Name if any _____
 P O Box Bldg Room No if any _____
 Street _____
 City _____
 State _____ ZIP Code + 4 _____

14 a Nature of payment

13 b Is the Business an Employer or Consultant ?

14 b Amount of payment
